**Advanced Practice Training Log - front sheet:**

|  |  |
| --- | --- |
| Name of practitioner |  |
| Job title |  |
| Supervisor |  |
| Procedure/ skill |  |
| How have you acquired the necessary knowledge of the theory required to perform this procedure / skill safely? |  |
| What is the *minimum* number of observed practices required?  (The actual number may vary depending on the individual) |  |

**Log:**

Please use a separate assessment form for each supervised practice

**Sign off:**

I confirm that I am satisfied that the practitioner named has acquired both the practical skills and the theoretical knowledge to perform this skill independently:

|  |  |
| --- | --- |
| Name of Supervisor |  |
| Signature |  |
| Date |  |

I confirm that I have self-assessed myself as competent in the theory and practice of the named skill/ procedure and I have provided a reflection:

|  |  |
| --- | --- |
| Name of Practitioner |  |
| Signature |  |
| Date |  |

This log should be retained in your portfolio with a supporting reflection.

**Advancing Practice Training Log Sheet:**

|  |  |
| --- | --- |
| Name |  |
| Job title |  |
| Title of procedure |  |
| Date |  |
| Setting (ward/clinic etc) |  |
| Brief record of procedure | |
|  | |

**Feedback**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Good | Satisfactory | Needs further development |
| Preparation |  |  |  |
| Consent |  |  |  |
| Technique |  |  |  |
| Understanding of indications, contraindications, complications etc. |  |  |  |
| Comments from supervising professional | | | |
|  | | | |
| Agreed action | | | |
|  | | | |
| Reflection | | | |
|  | | | |

**Details of supervising professional:**

|  |  |
| --- | --- |
| Name |  |
| GMC/NMC number |  |
| Job Title |  |
| Email |  |
| Signature |  |
| Date |  |